

**Statement of Organization - Candidate Committee**

Amendment

☐ Yes ☒ No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
STRICKLAND FOR PINEHURST			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO BOX 3871, PINEHURST, NC 28374		6/16/2015	
		e. Phone Number	
		910-295-6808	
<b>2. Candidate Information</b>			
a. Full Name		e. Candidate ID Number	
JOHN C. STRICKLAND			
b. Mailing Address (include City, State, and Zip Code)		f. Party Affiliation	
PO BOX 755, PINEHURST, NC 28374		NONPARTISAN	
		(Indicate Non-partisan if applicable)	
c. Phone Number	d. Email Address	g. Office Sought	
910-295-6808	STRICKLANDFORPINEHURST@GM AIL.COM	MAYOR	
<input checked="" type="checkbox"/> Email copy of notices		h. Next Election Year	i. Jurisdiction
		2015	VILLAGE OF PINEHURST
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
JOHN E. FARRELL			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO BOX 280, PINEHURST, NC 28374			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-992-2370	STRICKLANDFORPINEHURST@GM AIL.COM		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		BANK OF AMERICA	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		OPERATIONS	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		A	CHECKING
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds.			
I further certify that this report is complete, true and correct.			
JOHN E. FARRELL		6/23/2015	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

MOORE COUNTY PUBLIC COM  
RECEIVED

JUN 23 2015

MOORE BOE

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173

### Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

#### FILED BY:

Candidate Name: JOHN C. STRICKLAND  
Treasurer Name: JOHN E. FARRELL  
Treasurer Address: PO BOX 280  
(include city, state, & zip) PINEHURST, NC 28374  
  
  
Treasurer Phone: 910-992-2370

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

6/23/2015

Date Signed

  
Signature of Candidate

**Note:** This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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## Confidential

## Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

## FILED BY:

Committee Name: STRICKLAND FOR PINEHURST  
Treasurer Name: JOHN E. FARRELL  
Treasurer Address: PO Box 280  
(include city, state, & zip) PINEHURST, NC 28374  
Treasurer Phone: 910-992-2370

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports. If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
CHECKING	BANK of AMERICA	5 VILLAGE GREEN WEST PINEHURST, NC 28374	[REDACTED]	A

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

6/23/2015  
Date Signed

[Signature]  
Signature of Candidate or Treasurer

## For Candidate Committees Only

- ☐ In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer





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### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: JOHN C. STRICKLAND

Committee Name: STRICKLAND FOR PINEHURST

Treasurer Name: JOHN E. FARRELL

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: MOORE

I, JOHN C. STRICKLAND  
(Name of Candidate)

hereby direct that in the event of my

death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity  
(Select from §163-278.16B(a))

Plan for Disbursement (eg. Amount or %)

1. VILLAGE HERITAGE FOUNDATION

100%

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

Date:

6/23/2015

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.